Please type a plus sign (+) inside this box

PTO/SB/82 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	09/807,236		
Filing Date	AUGUST 27, 2001		
First Named Inventor	LYNN MARIE ABEL		
Group Art Unit	1646		
Examiner Name	UNKNOWN		
Attorney Docket Number	BB1255USPCT		

I hereby revoke all previous powers of attorney or authorizations of agent given in the above RECEIVED identified application:
AUG 0 4 2003  A Power of Attorney or Authorization of Agent is submitted herewith.  OR  Please change the correspondence address for the above-identified application to:
☐ Customer Number
☐ Firm <i>or</i> Individual Name
Address
Address
City
Country State ZIP
Telephone Fax
I am the:
☐ Applicant/Inventor.  ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record
Name Barbara J. Massie
Signature Barbara Massie
Date 7-28-2003
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.
☑ *Total of <u>1</u> forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT  hereby appoint: Practitioners at Customer Number  OR Practitioner(s) named below:	Group Art I Examiner N	d Inventor Jnit	09/807,236  AUGUST 27, 2001  LYNN MARIE ABEL  PLANT HISTIDINE BIOS  1646  UNKNOWN  BB1255USPCT	SYNTHETIC ENZ	YMES	
hereby appoint: Practitioners at Customer Number  OR	First Name Title Group Art I Examiner N Attorney De	d Inventor  Jnit  Jame	LYNN MARIE ABEL PLANT HISTIDINE BIOS 1646 UNKNOWN	SYNTHETIC ENZ	YMES	
hereby appoint:  Practitioners at Customer Number  OR	Title Group Art I Examiner N Attorney De	Jnit Iame	1646 UNKNOWN	SYNTHETIC ENZ	YMES	
hereby appoint:  Practitioners at Customer Number  OR	Group Art I Examiner N Attorney De	lame	UNKNOWN			
Practitioners at Customer Number  OR	Attorney Do		<del> </del>			
Practitioners at Customer Number  OR		ocket Number	BB1255USPCT			
Practitioners at Customer Number  OR	23906	 ]		<del></del>		
OR	23906	7	ĺ			
			<b></b> > *23	3906*		
Practitioner(s) named below:		_	1		1	
			<del></del>	ייי	CEN	
Name		Re	egistration Number	RE A TECH		
J. KENNETH JOU	JNG	<del>                                     </del>	41,881	$\dashv$ ,	us 0 4	
LORI Y. BEARDS		<del> </del>	34,293	<b>─</b> ┤ ^	iou y	
LYNNE M. CHRISTE		34,293			CENTER	
277472 1771 6711 11672	· · · · · · · · · · · · · · · · · · ·	<del>                                      </del>	30,971	IEON	OLIVIE	
Please change the correspondence address for the above-mentioned Customer Number on Practioners at Customer Number	and above ident			Code Label Here	}	
PR			<u>.                                    </u>		J	
Firm <i>or</i> Individual Name						
dress						
dress						
у	Si	tate	ZIP			
untry						
lephone	F	ax				
am the:						
<ul> <li>Applicant/Inventor.</li> <li>Assignee of record of the entire interest.</li> <li>Certificate under 37 CFR 3.73(b) is enclosed.</li> </ul>	See 37 CFR 3.71					
	JRE of Applicant	or Assignee o	of Record			
Name BARBARA J. MASSIE  gnature Barbara Q. Mass	BARBARA J. MASSIE					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

\*Total of 1 forms are submitted.

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB collection.

## **STATEMENT UNDER 37 CFR 3.73(b)**

AUG 0 4 2003

Application	on No./Patent No.: 09/807,236	Filed/Issue Date:	AUGUST 27, 2001	<b>CENTER</b> 1600/29
	PLANT HISTIDINE BIOSYNTHET			
E.I. d	du Pont de Nemours and , a Company	CORPORAT	ION	,
	(Name of Assignee) (Ty	e of Assignee, e.g., corporation, partnership	, university, government agency, etc.)	-
ates tha	at it is:			ŀ
1. 🛛	The assignee of the entire right, tit	and interest: or		1
2. 🗆	An assignee of less than the entire			
	The extent (by percentage) of its o		%	
n the pa	atent application/patent identified abo	e by virtue of either:	•	
A. 🗵	An assignment from the invent assignment was recorded in the Frame 0060, or for which a copy the	United States Patent and Trade	eatent identified above. The emark Office at Reel <u>011815</u>	e <u>5,</u>
OR				j
3.	A chain of title from the inventor(s assignee as shown below:	, of the patent application/patent	identified above, to the currer	nt
	1. From:	To:		
		in the United States Patent and T	·	- I
	Reel, Fra	me, Or for wi	nich a copy thereof is attached	1.
	2. From:	To:		
		n the United States Patent and Ti		-
	Reel, Fra	me, Or for wh	nich a copy thereof is attached	i.
	3. From:	То:		İ
	The document was recorded	n the United States Patent and Tr	ademark Office at	-
	Reel, Fra	me, Or for wh	ich a copy thereof is attached	
				j
□ .	Additional documents in the chain of			
	es of assignments or other documents.			.
must	TE: A separate copy (i.,e., the origing to be submitted to Assignment Divising the USPTO.	on in accordance with 37 CFR P	e copy of the original docume art3, if the assignment is to	be
e unde	rsigned (whose title is supplied belov	) is authorized to act on behalf of	the assignee.	
_	7-28-2003	BARE	BARA J. MASSIE	
Date		<del></del>	ed or printed name	_
		Ranbara	• 0	
		_ nawara	711 (1075)	
			Signature	
		ASSISTANT SE	CRETARY - PATENT BOAR	<u>D</u>
			Title	

PTO/SB/92 (05-03) Approved for use through 04/30/2003, OMB 0651-0031

Approved for use filling in 4930/2003. Only best 1903.

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

> Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

RECEIVED

AUG 0 4 2003

TECH CENTER 1600/2900

Note:

Signature

SUSAN DURKEE

Type or printed name of person signing Certificate

Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

**APPLICATION NO: 09/807.236 DUPONT DOCKET NO: BB1255USPCT** REVOCATION AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT POWER OF ATTORNEY OR AUTHORIZATION OF AGENT STATEMENT UNDER 37 CFR 3.73(b) **CERTIFICATE OF MAILING** RETURN POSTCARD

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.